

Contra Costa County Bar Association
Fee Arbitration Program

CONFIRMATION OF DESK ARBITRATION
TELEPHONE HEARING DATE

Date: _____

To: _____

From: _____, Assigned Arbitrator

Phone #: _____

Re: Fee Arbitration _____ v. _____ Case # _____

Mr/s _____ has requested a hearing telephonically, in addition to providing the written information required by the Desk Arbitration Submission Date of _____.

The telephone hearing is scheduled for _____ at _____ o'clock.

Mr/s _____ shall be responsible for all costs associated with the conference call and is responsible to initiate the conference call on the date and at the time of the hearing.

If you should settle your dispute prior to this date, please notify the arbitrator at the above number and the Fee Arbitration Coordinator at (925) 370-2541.

cc: Emily Day, Fee Arbitration Coordinator
Contra Costa County Bar Association
704 Main Street
Martinez, CA 94553